



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6116

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/564,136	12/18/2006 RULE	435	1634	FORS-10718	
<b>APPLICANTS</b> Marilyn C. Olson-Munoz, Madison, WI; Michelle L. Curtis, Cottage Grove, WI; Kyle C. Armantrout, Los Angeles, CA; Feng Cao, Milwaukee, WI; Bonnie L. Hurwitz, Madison, WI; Daniel K. Machmeier, Middleton, WI; Sara M. Olson, Cross Plains, WI; Hon S. Ip, Madison, WI; Robert W. Kwiatkowski Jr, Verona, WI; LuAnne Chehak, Janesville, WI; /STK/					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/22014 07/09/2004 which claims benefit of 60/486,273 07/10/2003 and claims benefit of 60/535,747 01/12/2004 (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b> /STK/					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/11/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /STEPHEN THOMAS KAPUSHOC/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 21	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Casimir Jones, S.C. 440 Science Drive Suite 203 Madison, WI 53711 UNITED STATES					
<b>TITLE</b> Assays for the direct measurement of gene dosage					
<b>FILING FEE RECEIVED</b> 845	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	